

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012644		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2011	
NAME OF PROVIDER OR SUPPLIER HAMILTON TRACE OF FISHERS LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 11851 CUMBERLAND ROAD FISHERS, IN 46037			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>An Initial Life Safety Code Certification and State Licensure Survey for a new facility with 108 certified Comprehensive beds and 60 Residential beds was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/13/11</p> <p>Facility Number: 012644 Provider Number: 012644 AIM Number: NA</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Initial Life Safety Code and Environmental survey, the portion of Hamilton Trace of Fishers, LLC which will be certified was found in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and with 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities. The residential area was found in compliance with 410 IAC 16.2-5-1.5 Sanitation and Safety Standards and 16.2-5-1.6, Physical Plant Standards of the Indiana Health Facilities Rules for Residential care facilities.</p> <p>The portion of Hamilton Trace of Fishers, LLC which will be certified is a one story facility determined to be of Type V (111) construction and</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	<p>Continued From page 1</p> <p>fully sprinklered. The residential area is a two story facility determined to be of Type V (111) construction and fully sprinklered. Each portion of the facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and in each resident room. The facility has a total capacity of 168 beds with 108 Comprehensive beds and 60 Residential beds and had a census of 0 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/14/11.</p>			K 000			